

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
10		1		1		
11		3		1		
12		3		1		
13		3		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	1		1			
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49						
50						
TOTAL IND.	8		8			
TOTAL DEP.	20		25			
TOTAL CLAIMS	28		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						